



# RHODE ISLAND DEPARTMENT OF HEALTH - WOMEN'S CANCER SCREENING PROGRAM

## 2010 PROVIDER REIMBURSEMENT SCHEDULE

Rates Effective 01/01/2010 through 03/14/2010

NO SERVICES COVERED 03/15/2010 THROUGH 06/30/2010

RATES WILL ALSO APPLY IN THE NEW FISCAL YEAR EFFECTIVE JULY 1, 2010

PHYSICAL EXAMS	CPT CODE	REIMBURSEMENT
<b>OFFICE VISITS – ESTABLISHED PATIENTS</b>		
Office Visit / Minimal / no physician	99211	\$ 8.05
Office Visit / Problem focused History / exam	99212 / 99213 99396 / 99397	\$ 20.64
Office Visit / Detailed History/ Detailed Exam	99214 / 99395	\$ 27.00
Office Visit / Comprehensive History/exam	99215	\$ 32.00
<b>OFFICE VISITS – NEW PATIENTS</b>		
Office Visit / Problem focused History / exam	99201	\$ 16.72
Office Visit / Expanded problem focused history/ exam	99202	\$ 27.24
Office Visit / Detailed History/ Detailed Exam	99203	\$ 29.00
Office Visit / Comprehensive History/exam	99204	\$ 45.00
Office Visit / Comprehensive History/exam	99205	\$ 46.00
Detailed History/exam-moderately comprehensive	99385 / 99386 99387	\$ 27.24
<b>DIAGNOSTIC</b>		
Colposcopy of the cervix	57452	\$ 25.20
Colposcopy with biopsy and endocervical curettage	57454	\$ 42.00
Colposcopy with biopsy(s) of the cervix	57455	\$ 83.80
Colposcopy of the cervix with endocervical curettage (biopsy)	57456	\$ 79.26
Colposcopy of the cervix with loop electrode biopsy(s) of the cervix	57460 **	\$ 30.00
Colposcopy of the cervix with loop electrode biopsy(s) of the cervix – Facility Fee	57460TC **	\$ 753.49*
Colposcopy with loop electrode conization of the cervix	57461 **	\$ 196.59
Colposcopy with loop electrode conization of the cervix – Facility Fee	57461TC **	\$ 1040.66*
Biopsy, single or multiple, or local ex. of lesion, with/ without fulquration-separate procedure	57500	\$ 25.20
Endoscopy with biopsy (s) of the cervix and endocervical curettage	57505	\$ 25.20
Conization of cervix, with/without fulquration, with/without dilation and curettage, with/without repair; cold knife or laser	57520 **	\$ 75.60
Conization of cervix – Facility Fee	57520TC **	\$ 1040.66*
Loop electrode excision	57522 *	\$ 153.56
Loop electrode excision – Facility Fee	57522TC **	\$ 1413.95
Paracervical (uterine) nerve – Anesthetic Agent	64435	\$ 42.00*
Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without Cervical dialation, any method (separate procedure)	58100***	\$ 25.20
Endometrial sampling (biopsy) performed in conjunction with colposcopy	58110***	\$ 29.10
Unilateral Mammogram (Global Procedure)	77055	\$ 47.47
Technical Component	77055TC	\$ 25.18
Professional Component	7705526	\$ 19.40
Unilateral, diagnostic mammography, producing direct digital image, all views (Global Procedure)	G0206	\$ 47.47*
Technical Component	G0206TC	\$ 25.18*
Professional Component	G020626	\$ 19.40*
Bilateral Mammogram (Global Procedure)	77056	\$ 60.06
Technical Component	77056TC	\$ 36.33
Professional Component	7705626	\$ 29.93
Bilateral, diaagnostic mammography, producing direct diqital image, all views (Global Procedure)	G0204	\$ 60.06*
Technical Component	G0204TC	\$ 36.33*
Professional Component	G020426	\$ 29.93*
Screening Mammogram (Global Procedure)	77057	\$ 43.96
Technical Component	77057TC	\$ 24.77

Professional Component	7705726	\$ 19.20
Screening mammography, producing direct digital image, bilateral, all views (Global Procedure)	G0202	\$ 43.96*
Technical Component	G0202TC	\$ 24.77*
Professional Component	G020226	\$ 19.20*
Consultation on x-ray examination made elsewhere, written report	7614026	\$ 14.86*
Breast Ultrasound (Global Procedure)	76645	\$ 36.00
Technical Component	76645TC	\$ 22.50
Professional Component	7664526	\$ 15.48
Fine Needle Aspirate – without imaging (Global Procedure)	10021	\$ 49.33
Fine Needle Aspirate – with imaging guidance (Global Procedure)	10022	\$ 50.77

<b>LAB EVALUATIONS</b>		
Papillomavirus, human, amplified probe technique	87621	\$ 29.42
Evaluation of Aspirate	88172	\$ 28.48
Technical component	88172TC	\$ 9.08
Professional component	8817226	\$ 18.37
Cytopathology, smears, any other source; screening & interpretation	88160	\$ 17.96
Cytopathology, smears, any other source; preparation, screening & interpretation	88161	\$ 19.20
Interpretation and Report of Aspirate	88173	\$ 42.31
Technical component	88173TC	\$ 25.39
Professional component	8817326	\$ 42.51
Screening Pap Smear Cytology	88164 / 88165	\$ 8.86
Screening Pap Cytology – Thin Prep – Must be reimbursed @ conventional Pap smear rate	88142 / 88143	\$ 16.60
Abnormal Smear (read by pathologist)	88141	\$ 7.07
Screening by automated system and manual rescreening under physician Supervision	88175	\$ 20.50
Pathology, Cervical/Breast Biopsy	88305	\$ 39.42
Technical component	88305TC	\$ 30.13
Professional component	8830526	\$ 22.91
Pathology, breast, excision of lesion – surgical pathology (Global Procedure)	88307	\$ 67.91
Technical component	88307TC	\$ 42.52
Professional component	8830726	\$ 48.71
Surgical pathology, first tissue block, with frozen section (s), single specimen	88331	\$ 50.16
Technical component	88331TC	\$ 10.73
Professional component	8833126	\$ 36.53
Each additional tissue block with frozen section (s)	88332	\$ 24.97
Technical component	88332TC	\$ 5.57
Professional component	8833226	\$ 18.16
<b>RADIOLOGICAL PROCEDURES</b>		
Stereotactic location for breast biopsy, each lesion, radiological supervision and interpretation (Global Procedure)	77031	\$ 77.61
Technical component	77031TC	\$ 33.85
Professional component	7703126	\$ 43.76
Preoperative placement of needle location wire breast; radiological supervision and interpretation (Global Procedure)	77032	\$ 24.97
Technical component	77032TC	\$ 9.70
Professional component	7703226	\$ 15.27
Radiological examinations; surgical specimen (Global Procedure)	76098	\$ 13.83
Technical component	76098TC	\$ 9.08
Professional component	7609826	\$ 4.75
Ultrasonic guidance for needle placement (ei, biopsy aspiration, injection, localization device), imaging supervision and interpretation (Global	76942	\$ 53.87

Procedure)		
Technical component	76942TC	\$ 62.54
Professional component	7694226	\$ 19.40
<b>SURGICAL PROCEDURES</b>		
Puncture aspiration of cyst of breast	19000	\$ 25.20
Each additional cyst (list separately in addition to code for primary procedure)	19001	\$ 8.40
Biopsy of breast; needle core (Surgical Procedure Only)	19100	\$ 56.00
Incisional biopsy of breast (Global Procedure)	19101	\$ 84.00
Percutaneous, needle core, using imaging guidance	19102	\$ 137.46
Percutaneous, automated vacuum assisted or rotating biopsy device, using imaging guidance	19103	\$ 274.10
Excision of cyst, fibroadenoma or other benign or malignant tumor, aberrant breast tissue, duct lesion or nipple lesion (Global Procedure)	19120	\$ 126.00
Excision of breast lesion identified by preoperative placement of radiological marker-single lesion	19125	\$ 126.00
Excision of breast lesion identified by preoperative placement of radiological marker-each additional lesion	19126	\$ 63.00
Preoperative placement of needle localization wire, breast	19290	\$ 25.20
Image guided placement, metallic localization clip, percutaneous, during breast biopsy	19295	\$ 54.08

**Reimbursement rates are based on the RI Medicaid Fee Schedule.**

\*Maximum rate allowed by the WCSP.

\*\* US citizens and qualified aliens (Permanent Resident Aliens) should apply for Medical Assistance through the WCSP to cover the cost of this procedure. WCSP will provide coverage for this procedure only for non-qualified aliens needing Cone or LEEP procedures who do not qualify for Medicaid.

\*\*\* Endometrial biopsy is reimbursable ONLY if performed as the result of an AGUS Pap smear.

Balance billing for covered services is not permitted by Participating Providers under contract with the WCSP.